815

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

NAME ADDED BY SUPPLEMENT

1. County of *Apache*

District of *St Johns*

Town of *St Johns*

or

City of _____

No. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

St. _____ Ward

State Index No. *11*

County Registrar No. *58130*

Local Registrar No. *58*

2. Full name of child *Wendell Franklin Sherwood* (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child *Male*

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

5. No., in order of birth _____

6. Legitimate? *yes*

7. Date of birth *Oct 15, 1923*
Month / day / year

FATHER

8. Full name *John W. Sherwood*

9. Residence (Usual place of abode) *St Johns Ariz*

If nonresident, give place and state _____

10. Color or race *White*

11. Age at last birthday *42* (Years)

12. Birthplace (city or place) *St Johns* (State or country) *Ariz*

13. Occupation *Farmer*
Nature of industry

MOTHER

14. Full maiden name *Adelade Lewisajones*

15. Residence (Usual place of abode) *St Johns Ariz*

If nonresident, give place and state _____

16. Color or race *White*

17. Age at last birthday *37* (Years)

18. Birthplace (city or place) *St Johns* (State or country) *Ariz*

19. Occupation *Housewife*
Nature of industry

20. Number of children of this mother
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living *9*
(b) Born alive but now dead *1*
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? *YES*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *9:30* m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Given name added from a supplemental report _____ Month, day, year.

Signature *Mrs. E. Sherwood*

Address *Saint Johns Ariz* (Physician or midwife)

Filed *11/5 1923* *Marion Bourn* Local Registrar.

Filed *Nov 10, 1923* *J. O. Boulter* County Registrar.

Registrar.

624-1015-112